

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF NORTH CAROLINA, CHARLOTTE DIVISION

Case number (if known) \_\_\_\_\_ Chapter 11

☐ Check if this an amended filing

**Official Form 201**

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>Harrisburg's Hometown Pharmacy, Inc.</u>	
<hr/>		
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names		
<hr/>		
3. Debtor's federal Employer Identification Number (EIN)	<u>20-3101563</u>	
<hr/>		
4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>5006 Hwy 49 South</u> <u>Harrisburg, NC 28075</u> Number, Street, City, State & ZIP Code	<u></u> P.O. Box, Number, Street, City, State & ZIP Code
	<u>Cabarrus</u> County	Location of principal assets, if different from principal place of business <u></u> Number, Street, City, State & ZIP Code
<hr/>		
5. Debtor's website (URL)	<u>harrisburgpharmacy.net</u>	
<hr/>		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	
<hr/>		

Debtor Harrisburg's Hometown Pharmacy, Inc. Case number (if known) \_\_\_\_\_  
Name

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

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8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7  
☐ Chapter 9

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

☒ Chapter 11. Check all that apply:

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.  
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No  
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	Case number, if known	_____

Debtor Harrisburg's Hometown Pharmacy, Inc. Case number (# known) \_\_\_\_\_  
Name

11. Why is the case filed in this district? *Check all that apply:*
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention? (*Check all that apply.*)
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_
- Where is the property? \_\_\_\_\_  
Number, Street, City, State & ZIP Code
- Is the property insured?
- ☐ No
- ☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

**Statistical and administrative information**

13. Debtor's estimation of available funds *Check one:*
- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

15. Estimated Assets
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000      | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000     | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million   | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

16. Estimated liabilities
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000                     | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000               | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000              | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input checked="" type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

Debtor Harrisburg's Hometown Pharmacy, Inc. Case number (if known) \_\_\_\_\_  
Name

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 13, 2023  
MM / DD / YYYY

**X** /s/ Sherrie McDonald Everhart  
Signature of authorized representative of debtor

Sherrie McDonald Everhart  
Printed name

Title President

**18. Signature of attorney**

**X** /s/ Kristen Nardone  
Signature of attorney for debtor

Date December 13, 2023  
MM / DD / YYYY

Kristen Nardone  
Printed name

Nardone Law, PLLC  
Firm name

PO Box 1394  
Concord, NC 28026-1394  
Number, Street, City, State & ZIP Code

Contact phone (704) 784-9440 Email address kristen@nardonelawfirm.com

NC  
Bar number and State

Fill in this information to identify the case:

Debtor name Harrisburg's Hometown Pharmacy, Inc.

United States Bankruptcy Court for the: WESTERN DISTRICT OF NORTH CAROLINA, CHARLOTTE DIVISION

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING – Bankruptcy fraud is a serious crime.** Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 13, 2023

X /s/ Sherrie McDonald Everhart  
Signature of individual signing on behalf of debtor

Sherrie McDonald Everhart  
Printed name

President  
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Harrisburg's Hometown Pharmacy, Inc.

United States Bankruptcy Court for the: WESTERN DISTRICT OF NORTH CAROLINA, CHARLOTTE DIVISION

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 204

### Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Cynthia G. Heglar 768 Gaylan Court Concord, NC 28025		Wages				\$595.60
Donald G. Cameron 2805 Iveywood Dr. Monroe, NC 28110		Wages				\$1,307.18
Duke Energy PO Box 70516 Charlotte, NC 28272		Utility Bill				\$200.00
Gordon Keeter & Co. Coddle Market Drive Northwest Concord, NC 28027		Trade debt				\$69,000.00
Healthsource Distributors, LLC 7200 Rutherford Road, Suite #150 Windsor Mill, MD 21244		Judgment				\$41,399.63
Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346		All assets of the Debtor		\$157,342.00	\$0.00	\$157,342.00
Jasmine Corrales 8817 Reedy Creek Rd. Charlotte, NC 28215		Wages				\$205.34
Luciana L. Rutledge 7327 Preakness Stakes Lane Charlotte, NC 28215		wages				\$873.60
Michael W. Lowder 8834 Oldenburg Dr. Mount Pleasant, NC 28124		wages				\$465.16

Debtor Harrisburg's Hometown Pharmacy, Inc.  
Name

Case number (if known) \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Sherrie M. Everhart 5224 Fieldstone Dr. Concord, NC 28025		Wages				\$3,737.50
Smith Drug Company 9098 Fairforest Rd. Spartanburg, SC 29301		Trade debt	Contingent Unliquidated Disputed			\$495,651.64
Spectrum 7810 Crescent Executive Dr. Charlotte, NC 28217		Utility Bill				\$200.00
Zachary Horning 4250 Falls Lake Dr. SW Concord, NC 28025		wages				\$116.28

Fill in this information to identify the case:

Debtor name Harrisburg's Hometown Pharmacy, Inc.

United States Bankruptcy Court for the: WESTERN DISTRICT OF NORTH CAROLINA, CHARLOTTE DIVISION

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

**1a. Real property:**

Copy line 88 from *Schedule A/B*..... \$ 0.00

**1b. Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 47,992.81

**1c. Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 47,992.81

**Part 2: Summary of Liabilities**

**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 157,342.00

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

**3a. Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 7,300.66

**3b. Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 606,451.27

**4. Total liabilities** .....  
Lines 2 + 3a + 3b

\$ 771,093.93



Fill in this information to identify the case:

Debtor name Harrisburg's Hometown Pharmacy, Inc.  
 United States Bankruptcy Court for the: WESTERN DISTRICT OF NORTH CAROLINA, CHARLOTTE  
DIVISION  
 Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206A/B Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

### Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of  
debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (*Identify all*)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. <u>Truist Bank</u>	<u>Checking</u>	<u>9282</u>	<u>\$0.00</u>
3.2. <u>Truist Bank</u>	<u>Checking</u>	<u>5647</u>	<u>\$3,461.00</u>
3.3. <u>Truist Bank</u>	<u>Checking</u>	<u>2711</u>	<u>\$1,416.81</u>

4. Other cash equivalents (*Identify all*)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$4,877.81

### Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.  
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits  
 Description, including name of holder of deposit

7.1. Rent deposit \$3,600.00

Debtor Harrisburg's Hometown Pharmacy, Inc. Case number (if known) \_\_\_\_\_  
Name

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent  
Description, including name of holder of prepayment

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$3,600.00

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. Accounts receivable

11b. Over 90 days old: 42,667.62 - 42,667.62 = ... \$0.00  
face amount doubtful or uncollectible accounts

12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$0.00

**Part 4: Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies Mortars and pestles, spoons, scales, tablet counting machines, liquid dispensers, pipettes		<u>\$0.00</u>	<u>Liquidation</u>	<u>\$500.00</u>
Autoclaves, incubator, hot plate, microscope	<u>End of 2022</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$1,500.00</u>

Debtor	<u>Harrisburg's Hometown Pharmacy, Inc.</u>	Case number (if known)	_____
	Name		
Syringes and needles, titanium cutters, snipe nose pliers, peening pliers, rimless pliers, hex wrench, axis aligning pliers	_____	\$0.00	\$250.00
Spatulas, strainers, beaker brushes, tongs, filter paper, beakers, test tubes, spoons	_____	\$0.00	\$125.00
Bottles, pill bottles/cases, RX labels	_____	\$0.00	\$200.00
PPE - gowns, gloves, masks, eye glasses	_____	\$0.00	\$100.00
Wall clocks, trashcans, biohazard waste can, biohazard sharps container	_____	\$0.00	\$75.00
2 cash registers	_____	\$0.00	\$100.00
Certrifuges, balances, mixers	_____	\$0.00	\$500.00
First Aid supplies	_____	\$0.00	\$50.00
Medications - over-the-counter	_____	\$0.00	Liquidation \$1,000.00
Cleaning produces - approximately 200 bottles including Pine Glo, All Purposes Cleaner, Oven Cleaner, scrubbers, fabric softener	_____	\$0.00	Liquidation \$300.00
Greeting cards - est. 200	_____	\$0.00	Liquidation \$50.00
Trash bags, plastic plates & silverware, plastic food containers	_____	\$0.00	Liquidation \$60.00
Shampoos, soaps, lotions, aloe, Q-tips, cotton balls, deodorant	_____	\$0.00	Liquidation \$150.00

Debtor	<u>Harrisburg's Hometown Pharmacy, Inc.</u>	Case number (if known)	
	Name		
<u>Vitamins and supplements</u>		<u>\$0.00</u>	<u>Liquidation</u>
			<u>\$300.00</u>
<u>Batteries (D, AA, AAA, 9V)</u>		<u>\$0.00</u>	<u>Liquidation</u>
			<u>\$50.00</u>
<u>Knee, elbow, wrist and back braces; bed pans (2), finger splints, medical tape</u>		<u>\$0.00</u>	<u>Liquidation</u>
			<u>\$50.00</u>
<u>Heating pads, thermometers</u>		<u>\$0.00</u>	<u>Liquidation</u>
			<u>\$40.00</u>
<u>Kleenex, toilet paper, wet wipes, paper towels</u>		<u>\$0.00</u>	<u>Liquidation</u>
			<u>\$50.00</u>
<u>Essential oils, mini diffuser, 3 diffusers</u>		<u>\$0.00</u>	<u>Liquidation</u>
			<u>\$75.00</u>
<u>2 Fire extinguishers</u>		<u>\$0.00</u>	<u>Liquidation</u>
			<u>\$20.00</u>
<u>Hot press for unit dosint</u>			
<u>Put in service in 2005</u>		<u>\$0.00</u>	<u>Liquidation</u>
			<u>\$200.00</u>

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$5,745.00

24. Is any of the property listed in Part 5 perishable?

☐ No  
☒ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☐ No  
☒ Yes. Book value 0.00 Valuation method  Current Value 0.00

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

☒ No  
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

General description

Net book value of debtor's interest (Where available)

Valuation method used for current value

Current value of debtor's interest

Debtor Harrisburg's Hometown Pharmacy, Inc. Case number (if known) \_\_\_\_\_  
Name

39.	Office furniture Desk and credenza	\$0.00	Liquidation	\$200.00
	Miscellaneous pictures/art for walls	\$0.00		\$50.00
	Storage cabinets, file cabinets, book cases, shelving units, 6 chairs Put in service in 2005	\$0.00	Liquidation	\$500.00
	Old Toshiba TV, smaller old stereo, security computer and monitor	\$0.00	Liquidation	\$50.00
	Lamps	\$0.00	Liquidation	\$50.00
40.	Office fixtures Counters, shelving, light fixtures, display case Put in service in 2005	\$0.00	Liquidation	\$750.00
41.	Office equipment, including all computer equipment and communication systems equipment and software POS Software Put in service in 2019	\$0.00		\$500.00
	Computer equipment and printer Put in service in 2005 and 2006; server 2019	\$0.00	Liquidation	\$1,000.00
	Personal computer	\$0.00		\$100.00
	2 refrigerators, drink cooler Put in service in 2005	\$0.00	Liquidation	\$400.00
	Security cameras Put in service in 2009	\$0.00	Liquidation	\$200.00
	Cameras Put in service in 2009 and 2014	\$0.00	Liquidation	\$200.00
	Phone system (5 phones)	\$0.00	Liquidation	\$100.00
	Neon signs Put in service in 2010	\$0.00	Liquidation	\$50.00

Debtor <u>Harrisburg's Hometown Pharmacy, Inc.</u>	Case number (if known) _____
Name	
Server	\$0.00 Liquidation \$250.00
Point of Sale System	\$0.00 Liquidation \$400.00

42. Collectibles *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7. \$4,800.00  
Add lines 39 through 42. Copy the total to line 86.

44. Is a depreciation schedule available for any of the property listed in Part 7?  
☐ No  
☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?  
☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. 2011 Kia Soul	\$0.00	Tax records	\$3,320.00
48. Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
Bubble machine and plastic forms	\$0.00	Liquidation	\$150.00

51. Total of Part 8. \$3,470.00  
Add lines 47 through 50. Copy the total to line 87.

52. Is a depreciation schedule available for any of the property listed in Part 8?  
☐ No  
☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?  
☒ No  
☐ Yes

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.

Debtor Harrisburg's Hometown Pharmacy, Inc. Case number (if known) \_\_\_\_\_  
Name

☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. Medication - prescriptions/controlled substances		\$0.00	Liquidation	\$0.00

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

☒ No  
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☒ No  
☐ Yes

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

☐ No. Go to Part 11.  
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites harrisburgpharmacy.net	\$0.00		\$0.00

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill	\$0.00		\$500.00
--------------	--------	--	----------

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$500.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?

☒ No  
☐ Yes

Debtor Harrisburg's Hometown Pharmacy, Inc. Case number (if known) \_\_\_\_\_  
Name

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?  
☒ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?  
☒ No  
☐ Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?  
Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.  
☒ Yes Fill in the information below.

Current value of  
debtor's interest

71. **Notes receivable**  
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**  
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**  
Erie Insurance  
Policy on Kia and business insurance policy \$0.00

Kansas City Life  
Life Insurance Policy on pharmacist and one employee \$0.00

USABLE Life  
AD&D and group term life policy on pharmacist and one employee \$0.00

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

Potential Employee Retention Tax Credit (ERTC) Unknown  
Nature of claim  
Amount requested \$0.00

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed Examples: Season tickets, country club membership**

Scripts \$25,000.00

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$25,000.00



Debtor Harrisburg's Hometown Pharmacy, Inc. Case number (if known) \_\_\_\_\_  
Name

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?
- ☒ No  
☐ Yes

Debtor Harrisburg's Hometown Pharmacy, Inc. Case number (if known) \_\_\_\_\_  
Name

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$4,877.81	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$3,600.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$5,745.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$4,800.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$3,470.00	
88. Real property. <i>Copy line 56, Part 9.....&gt;</i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$500.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$25,000.00	
91. Total. Add lines 80 through 90 for each column	\$47,992.81	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$47,992.81

Fill in this information to identify the case:

Debtor name Harrisburg's Hometown Pharmacy, Inc.  
 United States Bankruptcy Court for the: WESTERN DISTRICT OF NORTH CAROLINA, CHARLOTTE  
 Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<b>2.1 Internal Revenue Service</b>	<b>Describe debtor's property that is subject to a lien</b> All assets of the Debtor	<b>\$157,342.00</b>	<b>\$0.00</b>
Creditor's Name  PO Box 7346 Philadelphia, PA 19101-7346 Creditor's mailing address  Creditor's email address, if known  Date debt was incurred 2016-2017 Last 4 digits of account number	<b>Describe the lien</b> <u>Tax Lien</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			

3 Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$157,342.00**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name Harrisburg's Hometown Pharmacy, Inc.

United States Bankruptcy Court for the: WESTERN DISTRICT OF NORTH CAROLINA, CHARLOTTE DIVISION

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

#### Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount	
2.1	<p>Priority creditor's name and mailing address Cabarrus County Tax Collector P.O. Box 707 Concord, NC 28026</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00	\$0.00
2.2	<p>Priority creditor's name and mailing address Cynthia G. Heglar 768 Gaylan Court Concord, NC 28025</p> <p>Date or dates debt was incurred 12/3/23</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$595.60	\$595.60
2.3	<p>Priority creditor's name and mailing address Donald G. Cameron 2805 Iveywood Dr. Monroe, NC 28110</p> <p>Date or dates debt was incurred 12/3/23</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,307.18	\$1,307.18

Debtor	Harrisburg's Hometown Pharmacy, Inc. <small>Name</small>	Case number (if known)	
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2.4	Priority creditor's name and mailing address Jasmine Corrales 8817 Reedy Creek Rd. Charlotte, NC 28215	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$205.34	\$205.34
	Date or dates debt was incurred 12/3/23	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Luciana L. Rutledge 7327 Preakness Stakes Lane Charlotte, NC 28215	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$873.60	\$873.60
	Date or dates debt was incurred 12/3/23	Basis for the claim: wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Michael W. Lowder 8834 Oldenburg Dr. Mount Pleasant, NC 28124	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$465.16	\$465.16
	Date or dates debt was incurred 12/3/23	Basis for the claim: wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.7	Priority creditor's name and mailing address N.C. Department of Revenue Bankruptcy Unit PO Box 1168 Raleigh, NC 27602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address Sherie M. Everhart 5224 Fieldstone Dr. Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,737.50	\$3,737.50
	Date or dates debt was incurred 12/3/23	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Harrisburg's Hometown Pharmacy, Inc. Name	Case number (if known)	
2.9	Priority creditor's name and mailing address Zachary Horning 4250 Falls Lake Dr. SW Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$116.28    \$116.28
	Date or dates debt was incurred 12/3/23	Basis for the claim: wages	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address Duke Energy PO Box 70516 Charlotte, NC 28272  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Utility Bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
3.2	Nonpriority creditor's name and mailing address Gordon Keeter & Co. Coddle Market Drive Northwest Concord, NC 28027  Date(s) debt was incurred <u>2015-2023</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69,000.00
3.3	Nonpriority creditor's name and mailing address Healthsource Distributors, LLC 7200 Rutherford Road, Suite #150 Windsor Mill, MD 21244  Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number <u>0491</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,399.63
3.4	Nonpriority creditor's name and mailing address Smith Drug Company 9098 Fairforest Rd. Spartanburg, SC 29301  Date(s) debt was incurred <u>2005-2018</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$495,651.64
3.5	Nonpriority creditor's name and mailing address Spectrum 7810 Crescent Executive Dr. Charlotte, NC 28217  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Utility Bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Debtor	<u>Harrisburg's Hometown Pharmacy, Inc.</u>	Case number (if known)	_____
	<small>Name</small>		
	<b>Name and mailing address</b>	<b>On which line in Part 1 or Part 2 is the related creditor (if any) listed?</b>	<b>Last 4 digits of account number, if any</b>
4.1	Sarah M. Traynor, Esq. 101 N. Tryon St., Suite 1300 Charlotte, NC 28246	Line <u>3.4</u>	-
		<input type="checkbox"/> Not listed. Explain _____	

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

**5. Add the amounts of priority and nonpriority unsecured claims.**

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 7,300.66
5b. +	\$ 606,451.27
5c.	\$ 613,751.93

Fill in this information to identify the case:

Debtor name Harrisburg's Hometown Pharmacy, Inc.

United States Bankruptcy Court for the: WESTERN DISTRICT OF NORTH CAROLINA, CHARLOTTE DIVISION

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest Pest control

State the term remaining

List the contract number of any government contract \_\_\_\_\_

ACME Pest Control  
575 Dickens PI NE  
Concord, NC 28025

2.2. State what the contract or lease is for and the nature of the debtor's interest Security system and monitoring

State the term remaining

List the contract number of any government contract \_\_\_\_\_

ADT Security Services  
1501 Yamato Rd.  
Boca Raton, FL 33431

2.3. State what the contract or lease is for and the nature of the debtor's interest Cancer, dental, and short term insurance coverage for 3 employees

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Colonial Life Insurance Co.  
PO Box 903  
Columbia, SC 29202-0903

2.4. State what the contract or lease is for and the nature of the debtor's interest Pharmacy software

State the term remaining

List the contract number of any government contract \_\_\_\_\_

FDS Pharmacy Software Solutions  
4220 North Freeway  
Fort Worth, TX 76137



Debtor 1 Harrisburg's Hometown Pharmacy, Inc.

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.5. State what the contract or lease is for and the nature of the debtor's interest Compliance Solutions

State the term remaining

List the contract number of any government contract \_\_\_\_\_

InfiniTrak  
2400 N. Reynolds Rd.  
Toledo, OH 43615

2.6. State what the contract or lease is for and the nature of the debtor's interest Pharmacy software

State the term remaining

List the contract number of any government contract \_\_\_\_\_

LJ Logic, LLC  
11904 Royal Coach Dr.  
Yukon, OK 73099

2.7. State what the contract or lease is for and the nature of the debtor's interest Yearly maintenance/inspection agreement to service HVAC system

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Mechanical Heating & Air  
2040 Wilshire Ct.  
Concord, NC 28025

2.8. State what the contract or lease is for and the nature of the debtor's interest Copier and fax machine

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Modern impressions  
2506 Moose Rd  
Kannapolis, NC 28083

2.9. State what the contract or lease is for and the nature of the debtor's interest 2017 Kia Soul  
\$300/month

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Sherrie McDonald Everhart

Debtor 1 Harrisburg's Hometown Pharmacy, Inc.  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- 2.10. State what the contract or lease is for and the nature of the debtor's interest      Payment processing software

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Vantive Inc.  
2500 East TC Jester  
St#268  
Houston, TX 77008

- 2.11. State what the contract or lease is for and the nature of the debtor's interest      Lease of business location at 5006 State Hwy 49 S, Harrisburg NC

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Zsambeky, Chaney & Assoc.  
220 Branchview Dr. SE  
Concord, NC 28025

Fill in this information to identify the case:

Debtor name Harrisburg's Hometown Pharmacy, Inc.

United States Bankruptcy Court for the: WESTERN DISTRICT OF NORTH CAROLINA, CHARLOTTE  
DIVISION

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

### 1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor*

*Column 2: Creditor*

Name	Mailing Address	Name	Check all schedules that apply:
2.12 Sherrie McDonald Everhart	5224 Fieldstone Drive Concord, NC 28025	Internal Revenue Service	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name Harrisburg's Hometown Pharmacy, Inc.

United States Bankruptcy Court for the: WESTERN DISTRICT OF NORTH CAROLINA, CHARLOTTE  
DIVISION

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 207

### Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

#### Part 1: Income

##### 1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply

Gross revenue  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:  
From 01/01/2023 to Filing Date

☒ Operating a business

\$2,585,860.18

☐ Other \_\_\_\_\_

For prior year:  
From 01/01/2022 to 12/31/2022

☒ Operating a business

\$2,426,307.00

☐ Other \_\_\_\_\_

For year before that:  
From 01/01/2021 to 12/31/2021

☒ Operating a business

\$2,334,217.00

☐ Other \_\_\_\_\_

##### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from  
each source  
(before deductions and exclusions)

#### Part 2: List Certain Transfers Made Before Filing for Bankruptcy

##### 3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

Debtor Harrisburg's Hometown Pharmacy, Inc.

Case number (if known) \_\_\_\_\_

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. Mutual Drug Company 816 Ellis Rd. Durham, NC 27703	Multiple payments per week	\$373,534.29	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.2. Dockside Partners, LLC 202 E. Main St Scottsville, KY 42164	Various	\$182,615.33	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.3. American Express PO Box 96001 Los Angeles, CA 90096	Monthly	\$9,063.54	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Business expenses</u>
3.4. Zsambeky, Chaney & Assoc. 220 Branchview Dr. SE Concord, NC 28026	Monthly	\$14,700.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Sherrie Everhart Charlotte, NC 28241 President and employee	Regular pay dates	\$132,250.00	Salary as pharmacist

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments**

Debtor Harrisburg's Hometown Pharmacy, Inc. Case number (if known) \_\_\_\_\_

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Smith Drug Company v. Harrisburg's Hometown Pharmacy, Inc. 23 CV 1016	Civil	Cabarrus County Superior Court Box 707 Concord, NC 28026	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions**

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses**

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).			

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Nardone Law, PLLC PO Box 1394 Concord, NC 28026-1394	Attorney Fee		\$21,242.64
Email or website address <u>kristen@nardonelawfirm.com</u>			
Who made the payment, if not debtor?			

Debtor Harrisburg's Hometown Pharmacy, Inc. Case number (if known) \_\_\_\_\_

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1 Penny McCulloh	\$10,000 as part of settlement of 20 CVS 1152 (Cabarrus Co)	December 2021	\$10,000.00
Relationship to debtor Former officer			

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
- diagnosing or treating injury, deformity, or disease, or  
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

☐ No.  
☒ Yes. State the nature of the information collected and retained.

Birthdates, prescription histories, names/addresses, insurance information  
- as required to comply with all regulations and laws

Does the debtor have a privacy policy about that information?

☐ No  
☒ Yes

Debtor Harrisburg's Hometown Pharmacy, Inc.

Case number (if known) \_\_\_\_\_

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.  
☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?  
 Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
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**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Describe the property	Value
Sherrie McDonald Everhart	5006 Hwy 49 S. Harrisburg, NC 28075	The "Bill Harris Memorial" - old pharmacy memorabilia purchased by Ms. Everhart from Bill Harris's estate (he was a pharmacist and her mentor). Items are located in a small room at the pharmacy. Ms. Everhart paid \$6,500-7,500 for the items.	\$6,500.00

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly



Debtor Harrisburg's Hometown Pharmacy, Inc. Case number (if known) \_\_\_\_\_

owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business**

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Gordon Keeter & Co. Coddle Market Drive Northwest Concord, NC 28027	2005-2023
26a.2. Lisa W. Hammill, CPA PO Box 5526 Concord, NC 28027	November 2023

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26b.1. Lisa W. Hammill, CPA PO Box 5526 Concord, NC 28027	November 2023

Debtor Harrisburg's Hometown Pharmacy, Inc. Case number (if known) \_\_\_\_\_

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1. Lisa W. Hammill, CPA  
PO Box 5526  
Concord, NC 28027

26c.2. Sherrie Everhart

26c.3. Ladoska Keeter, CPA

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name

Address

Position and nature of any interest

% of interest, if any

Sherrie McDonald Everhart

President

100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Debtor Harrisburg's Hometown Pharmacy, Inc.

Case number (if known) \_\_\_\_\_

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

**Part 14: Signature and Declaration**

**WARNING** – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 13, 2023

/s/ Sherrie McDonald Everhart  
Signature of individual signing on behalf of the debtor

Sherrie McDonald Everhart  
Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No  
☐ Yes

**United States Bankruptcy Court  
Western District of North Carolina, Charlotte Division**

In re Harrisburg's Hometown Pharmacy, Inc. Debtor(s) Case No. \_\_\_\_\_  
Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Sherrie M. Everhart	100%		

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date December 13, 2023 Signature /s/ Sherrie McDonald Everhart  
Sherrie McDonald Everhart

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**Western District of North Carolina, Charlotte Division**

In re Harrisburg's Hometown Pharmacy, Inc.

Debtor(s)

Case No.

Chapter 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☐ **FLAT FEE**

For legal services, I have agreed to accept ..... \$ \_\_\_\_\_

Prior to the filing of this statement I have received ..... \$ \_\_\_\_\_

Balance Due ..... \$ \_\_\_\_\_

☒ **RETAINER**

For legal services, I have agreed to accept and received a retainer of ..... \$ 21,242.64

The undersigned shall bill against the retainer at an hourly rate of ..... \$ 395.00

[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. \$ 1,738.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtor(s) in any dischargeability actions, actions brought pursuant to Section 707 of the Bankruptcy Code, or any other adversary proceeding.

Attorney for the debtor(s) has a fee contract with the debtor(s) setting forth the full terms and limitation of said attorney's representation. Said contract may be produced to the Court at an appropriate time. All limitations and exclusions of attorney's representation are not listed herein on the Disclosure of Compensation.

In re Harrisburg's Hometown Pharmacy, Inc.  
Debtor(s)

Case No. \_\_\_\_\_

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**  
(Continuation Sheet)

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

December 13, 2023

*Date*

/s/ Kristen Nardone

Kristen Nardone

*Signature of Attorney*

Nardone Law, PLLC

PO Box 1394

Concord, NC 28026-1394

(704) 784-9440 Fax:

kristen@nardonelawfirm.com

*Name of law firm*

**United States Bankruptcy Court**  
**Western District of North Carolina, Charlotte Division**

In re Harrisburg's Hometown Pharmacy, Inc. Debtor(s) Case No. \_\_\_\_\_  
Chapter 11

**VERIFICATION OF CREDITOR MATRIX**

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: December 13, 2023 /s/ Sherrie McDonald Everhart  
Sherrie McDonald Everhart/President  
Signer/Title

ACME Pest Control  
575 Dickens Pl NE  
Concord, NC 28025

ADT Security Services  
1501 Yamato Rd.  
Boca Raton, FL 33431

Cabarrus County Tax Collector  
P.O. Box 707  
Concord, NC 28026

Colonial Life Insurance Co.  
PO Box 903  
Columbia, SC 29202-0903

Cynthia G. Heglar  
768 Gaylan Court  
Concord, NC 28025

Donald G. Cameron  
2805 Iveywood Dr.  
Monroe, NC 28110

Duke Energy  
PO Box 70516  
Charlotte, NC 28272

FDS Pharmacy Software Solutions  
4220 North Freeway  
Fort Worth, TX 76137

Gordon Keeter & Co.  
Coddle Market Drive Northwest  
Concord, NC 28027

Healthsource Distributors, LLC  
7200 Rutherford Road, Suite #150  
Windsor Mill, MD 21244

InfiniTrak  
2400 N. Reynolds Rd.  
Toledo, OH 43615

Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101-7346

Jasmine Corrales  
8817 Reedy Creek Rd.  
Charlotte, NC 28215

LJ Logic, LLC  
11904 Royal Coach Dr.  
Yukon, OK 73099



Luciana L. Rutledge  
7327 Preakness Stakes Lane  
Charlotte, NC 28215

Mechanical Heating & Air  
2040 Wilshire Ct.  
Concord, NC 28025

Michael W. Lowder  
8834 Oldenburg Dr.  
Mount Pleasant, NC 28124

Modern impressions  
2506 Moose Rd  
Kannapolis, NC 28083

N.C. Department of Revenue  
Bankruptcy Unit PO Box 1168  
Raleigh, NC 27602

Sarah M. Traynor, Esq.  
101 N. Tryon St., Suite 1300  
Charlotte, NC 28246

Sherrie M. Everhart  
5224 Fieldstone Dr.  
Concord, NC 28025

Sherrie McDonald Everhart  
5224 Fieldstone Drive  
Concord, NC 28025

Sherrie McDonald Everhart

Smith Drug Company  
9098 Fairforest Rd.  
Spartanburg, SC 29301

Spectrum  
7810 Crescent Executive Dr.  
Charlotte, NC 28217

Vantive Inc.  
2500 East TC Jester St#268  
Houston, TX 77008

Zachary Horning  
4250 Falls Lake Dr. SW  
Concord, NC 28025

Zsambeky, Chaney & Assoc.  
220 Branchview Dr. SE  
Concord, NC 28025

**United States Bankruptcy Court  
Western District of North Carolina, Charlotte Division**

In re Harrisburg's Hometown Pharmacy, Inc.

Debtor(s)

Case No.

Chapter

11

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Harrisburg's Hometown Pharmacy, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

December 13, 2023

Date

/s/ Kristen Nardone

Kristen Nardone

Signature of Attorney or Litigant

Counsel for Harrisburg's Hometown Pharmacy, Inc.

Nardone Law, PLLC

PO Box 1394

Concord, NC 28026-1394

(704) 784-9440 Fax:

kristen@nardonelawfirm.com

**RESOLUTIONS OF THE MEMBER AND MANAGER  
of  
HARRISBURG'S HOMETOWN PHARMACY, INC.**

The undersigned, being the sole Manager and sole Member of Harrisburg's Hometown Pharmacy, Inc., a North Carolina professional limited liability company (the "Company"), does hereby adopt the following resolutions by affixing her signature hereto, which actions by written consent are taken in lieu of holding a special meeting of the Members and/or Manager of the Company.

WHEREAS, the Company was organized under the laws of the State of North Carolina on June 24, 2005 upon the filing of *Articles of Organization (Professional Limited Liability Company)* (the "Articles") with the Department of the Secretary of State for the State of North Carolina;

WHEREAS, Sherrie McDonald Everhart currently serves as the Company's sole Manager;

WHEREAS, Sherrie McDonald Everhart currently holds one hundred percent (100%) of the Company's Membership Interests;

WHEREAS, the undersigned deems it to be in the best interest of the Company to file a voluntary petition in the United States Bankruptcy Court for the Western District of North Carolina pursuant to Chapter 11 of Title 11 of the United States Code.

NOW, THEREFORE, IT IS HEREBY:

RESOLVED: That Sherrie McDonald Everhart, as the Company's Manager, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the Company; and further

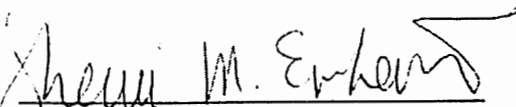
RESOLVED: That Sherrie McDonald Everhart as the Company's Manager, is authorized and directed to appear in all bankruptcy proceedings on behalf of the Company, and to otherwise do and perform all acts and deeds, and to execute and deliver all necessary documents, on behalf of the Company in connection with such bankruptcy case; and further

RESOLVED: That Sherrie McDonald Everhart, as the Company's Manager, is authorized and directed to employ the law firm of Nardone Law Firm, PLLC to represent the Company in such bankruptcy case; and further

RESOLVED: That Sherrie McDonald Everhart shall have the unilateral authority as Manager of the Company to make all decisions in connection with the Company's bankruptcy proceeding.

These actions are taken and are effective as of the 11<sup>th</sup> day of December, 2023.

By:

  
Sherrie M. Everhart, Member-Manager